



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

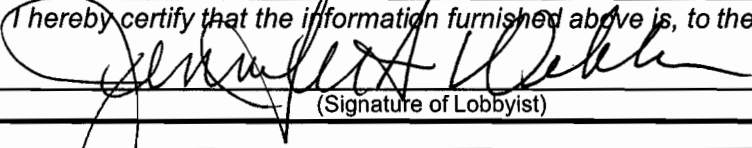
LOBBYIST REGISTRATION FORM

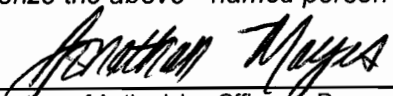
(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Webber	Jennifer		(925) 467-3807
MAILING ADDRESS (Street)			FAX
5918 Stoneridge Mall Road			(925) 467-2971
(City)	(State)	(Zip Code)	
Pleasanton	CA	94588	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Safeway Inc.			(925) 467-3102
MAILING ADDRESS (Street)			FAX
5918 Stoneridge Mall Road			(925) 467-3323
(City)	(State)	(Zip Code)	
Pleasanton	CA	94588	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Dominick A. Ciaraldi			(925) 467-3102
MAILING ADDRESS (Street)			FAX
5918 Stoneridge Mall Road			(925) 467-3323
(City)	(State)	(Zip Code)	
Pleasanton	CA	94588	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	Education	<input checked="" type="checkbox"/> Human Services	Science, Technology & Economic Development
Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	Transportation
Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	3-7-06
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Jonathan O. Mayes	Vice President, State Government Relations
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Safeway Inc.	(925) 467-3070
MAILING ADDRESS (Street)	FAX
5918 Stoneridge Mall Road	(925) 467-3323
(City)	(State)
Pleasanton	CA
(Zip Code)	94588
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
	3/7/06
(Signature of Authorizing Officer or Person Represented)	(Date)